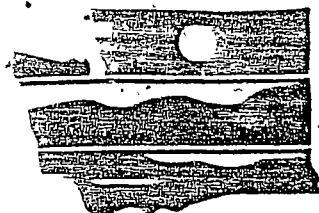


ECY 050-1-20 (9/93) * * *



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA 710 - 02

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name: DRIFTWOOD SHORES W.S. INC Last Name: _____

Street Address: 20000.2

City: _____ State: _____

LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address: END OF TRIANGLE COVE RD - UNMARKED

City: _____ County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

State Dept of Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

al Description of well (size of casing, type of well, housing, etc.)

EXPOSED 8" CASING W/GREEN CAP. ADJ. TO ROUND CORN.

ES., ELEC. BOX, C. LINK FENCE - GRAVELED.

UNMARKED RD

on of Well identification Tag:

Supplemental tag needed for ease of identifying well?

☐

Yes

☐

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

MENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

ight #

Date Issued

One: Application

Permit

Certificate

Claim

Exempt